

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
PROGRAM SIGN-IN SHEET and EVALUATION  
IMPLEMENTING SELF-MANAGEMENT EDUCATION: SUCCESSES & CHALLENGES IN ARTHRITIS  
ASNA NO: 5-91.93 ABN PROVIDER NUMBER: ABNPO387 DATE: April 20, 2004**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Please check one: ☐ Nurse ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

	5	4	3	2	1
<b>Teaching effectiveness of presenter(s):</b>					
Kate Lorig, RN, DrPH .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mari Brick.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margaret Duffy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stephanie Fisher.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leslie Lowe.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Course Content Objectives:**

1. Discuss strategies for implementing an evidence-based chronic disease self-management program in community settings .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Articulate scientific rationale behind requirements and design of the Arthritis Self-Help Course .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Apply lessons learned from other states in areas such as defining roles, marketing to participants and recruiting and motivating leaders .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: \_\_\_\_\_

Other education programs you would be interested in attending: \_\_\_\_\_

I attest that I viewed at least 85% of this program: Participant's Signature: \_\_\_\_\_ Date viewed: \_\_\_\_\_

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator; PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

**NOTE: IF CEU'S ARE REQUESTED: Within 3 working days**, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health)

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545